

EXHIBIT 1

United States Bankruptcy Court for the Western District of New York Rochester Drug Co-Operative, Inc. Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420		
Name of Debtor: Rochester Drug Co-Operative, Inc. Case Number: 20-20230		
	<input type="checkbox"/> Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.	For Court Use Only

ADMINISTRATIVE EXPENSE PROOF OF CLAIM

04/16

This form is for making an Administrative Expense Claim for payment in a bankruptcy case.

NOTE: This form should be used only by claimants asserting an Administrative Expense Claim arising on or after March 12, 2020. IT SHOULD NOT BE USED FOR CLAIMS ARISING BEFORE MARCH 12, 2020 AND SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO TREATMENT IN ACCORDANCE WITH 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim		
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): _____ Other names the creditor used with the debtor: _____		
2. Has this claim been acquired from someone else? <input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
Where should notices to the creditor be sent? _____ Name _____ Number Street _____ City State Zip Code Country (if International): _____ Contact phone: _____ Contact email: _____	Where should payments to the creditors be sent? (if different) _____ Name _____ Number Street _____ City State Zip Code Country (if International): _____ Contact phone: _____ Contact email: _____	4. Does this claim amend one already filed? <input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ MM / DD / YYYY 5. Do you know if anyone else has filed a proof of claim for this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ _____

Part 2: Give Information About the Claim**6. Do you have any number you use to identify the debtor?**

- ☐ No
☐ Yes.

Last 4 digits of the debtor's account or any number you use to identify the debtor:

7. How much is the ADMINISTRATIVE EXPENSE CLAIM:

\$ _____

Does this amount include interest or other charges?

- ☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

- | | |
|--|--|
| <p><input type="checkbox"/> Goods sold</p> <p><input type="checkbox"/> Services performed <input type="checkbox"/> (See attached)</p> <p><input type="checkbox"/> Money loaned</p> <p><input type="checkbox"/> Personal injury/wrongful death</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other (describe briefly)</p> | <p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (Fill out below)</p> <p>Your social security number _____</p> <p>Unpaid compensation for services performed</p> <p>from _____ to _____</p> <p style="text-align: center;">(date) (date)</p> |
|--|--|

Part 3 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY Signature _____

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact Phone _____ Email _____